

Creative Support Limited

Creative Support East Lancashire Personalised Services

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 29 October 2018.

Creative Support East Lancashire Personalised Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Creative Support East Lancashire Personalised Services receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of our inspection the service was providing personal care to one person.

This inspection was the first inspection since the service was registered with the Commission on 16 January 2018. The service was previously registered at a different address.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe receiving support from Creative Support East Lancashire Personalised Services. Feedback from a relative regarding the care quality was positive. There was a safeguarding policy and staff had received safeguarding training.

There were systems and processes for monitoring and assessing quality of the service to ensure people's safety and compliance with regulations.

Risk assessments had been developed to minimise the potential risk of harm to people who used the service.

The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible. People's consent to various aspects of their care was considered.

Recruitment checks were carried out to ensure suitable people were employed to work at the service.

Care plans were in place detailing how the person wished to be supported. The person supported, and their relatives were involved in care planning. Their independence was promoted.

Risks of infections has been managed. There was an infection control policy and staff had access to personal protective equipment such as gloves.

The provider had sought people's opinions on the quality of care provided.

People were supported to undertake activities of their choice in the community. People and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available, and people said they had not needed to complain.

Staff had received induction and training. There was a policy on staff supervision and appraisals and staff had received regular supervision. However, we found improvements were required to ensure all training was updated regularly. Staff told us there was a positive culture within the service. Staff we spoke with told us they enjoyed their work.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People and their relatives told us they felt safe.

Risks to the health, safety and wellbeing of people who used the service were assessed and appropriately managed.

There was a safeguarding policy and a whistle blowing policy and staff were aware of their duty and responsibility around safeguarding.

Risks associated with the spread of infections had been adequately managed.

Staff recruitment procedures were safe.

Is the service effective?

Good ●

This service was effective.

The rights of people who did not have capacity to consent to their care were supported.

Staff had received training, induction and supervision to ensure they had the necessary skills and knowledge to carry out their roles safely. However, some improvements were required to ensure staff updated some of their training timely manner.

People's health needs were met, and specialist professionals involved where necessary.

Is the service caring?

Good ●

The service was caring.

People spoke highly of care staff and felt they were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people and spoke respectfully of people they

supported.

Is the service responsive?

Good ●

The service was responsive.

There were plans of care which included essential details about the person's needs and the outcomes they wanted to achieve.

Staff supported the person to access the community safely.

There was a complaints policy and people and their relatives told us they felt they could raise concerns about their care and treatment.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post and staff gave positive feedback about the manager.

There were governance systems for assessing the quality of service provided.

Policies for assessing and monitoring the quality of the service were in place and had been updated regularly.

People's views had been sought and visions and values were shared.

Creative Support East Lancashire Personalised Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 October 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of one adult social care inspector who is also the lead inspector for the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

Before the inspection we gained feedback from health and social care professionals who worked together with the service. We also reviewed the information we held about the service and the provider. This included safeguarding alerts and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We spoke with a range of people about the service including the person who used the service and their relative. We also spoke to two care staff. In addition, we also spoke with the registered manager and the team leader.

We looked at the care records of one person who used the service, training records, one recruitment record of a new staff member, and records relating to the management of the service.

Is the service safe?

Our findings

The person who used the service and their relative told us they felt safe with the care they received. Comments included, "Yes, I feel that [relative] is safe and staff know how to protect him" and, "Yes staff are very good." They told us they had no concerns about their safety and the way they were treated by staff.

The service protected people from abuse, neglect and discrimination. There was a safeguarding policy at the service and staff had completed training in safeguarding adult's awareness. All staff were aware of the safeguarding procedures and the procedures had been reviewed regularly. Staff we spoke with were aware of the signs of abuse and discussed the appropriate actions they would take if abuse was suspected. They said, "Any concerns I would inform my manager if they don't act I will take it further outside the organisation." Staff told us they had no concerns about the care the person received and were aware of the whistleblowing policy (reporting bad practice). They told us they would feel confident reporting any concerns to the registered manager. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

Risks to people's individual safety and well-being were assessed and managed. Risk assessments had been undertaken in key areas of people's care such as personal safety and moving and handling, as well as behaviours that could pose a risk to self and others. A 'holistic risk assessment' had been developed which took into consideration any historical behaviours and support mechanisms that were required to protect people. There was a policy and procedure to guide staff in the event of people going missing while in the community. Where potential risks had been identified the actions taken by the service had been recorded. We noted that the service had contacted professionals who had previously supported the person to get a full background to allow them to plan for their care. All risk assessments were supported by an action plan and identified who was responsible for managing the risk.

There were protocols and a policy for dealing with accidents and incidents. Guidance was provided to staff on how to manage accidents and incidents and how to seek medical attention where required. Staff had protocols to report incidents to the local safeguarding authority in line with local and national guidance.

We looked at how the provider ensured the proper and safe use of medicines. There were up to date policies and procedures which defined and described the service's responsibilities in relation to medicines. Staff had received training in medicines management and a care plan was in place in relation to medicines management. However, we spoke to the registered manager and they informed us that staff were not responsible for medicines as this was managed by family. Systems for managing people's medicines including storage, auditing and competence checks were up to date, in the event of staff being required to assist people with their medicines.

Staff recruitment procedures protected people who used the service. We reviewed the recruitment records of one new staff member who had been recruited since our last inspection. We found that safe recruitment procedures had been followed. We saw the required reference and character checks had been completed before staff worked at the service and these were recorded. Disclosure and Barring Service (DBS) checks had

been carried out before staff started their employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. DBS checks were also carried out every three years for all long-standing staff members. This meant the provider had taken steps to monitor ongoing suitability of their staff to support vulnerable adults.

A business contingency plan had been developed, which helped to ensure continued service in the event of a variety of emergency situations, such as flood, severe weather conditions, flu pandemic or power failure. Staff were aware of actions they needed to take in the event of a medical emergency, such as a person collapsing or if there was no response when they visited someone in the community, who they would have been expected to be at home. There was a lone working policy which provided staff with guidance to promote health, safety and welfare of lone workers. Lone workers are staff who work by themselves without close or direct supervision and in a separate location to the rest of their team or manager.

The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. There was a dedicated team of three staff who supported the person who used the service. This ensured consistency of the care provided.

We looked at how the service minimised the risk of infections and found staff had undertaken training in infection prevention and control and food hygiene. There were policies and procedures for the management of risks associated with infections.

Is the service effective?

Our findings

The person who used the service and their relative told us they felt their needs were effectively met. Comments included, "Yes, they know what I need, and I can make suggestions on what I want." "We have had the same staff team for a while and they understand [relative's] needs."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. The procedure for people living in their own homes is called the Court of Protection authorisation. We checked whether the service was working within the principles of the MCA. The staff who worked in this service made sure that the person they supported had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care records showed staff sought consent before the service was provided.

Staff and the management demonstrated an understanding of the principles of the MCA and how it related to protecting people from unlawful restrictions. Feedback from the registered manager and all staff confirmed they understood when people lacked capacity and the actions to take to support them. We saw information and guidance on mental capacity was shared with staff via posters and supervision. Staff were up to date with their MCA training.

We saw an example of the person supported making their choices and suggestions on their care and treatment. This demonstrated staff were aware of their right to make decisions relating to their care. There were processes in place to ensure there was no discrimination, including in relation to characteristics such as culture, gender, religion, race or age. There was a policy to protect people against discrimination and harassment.

The service made sure that staff had the skills, knowledge and experience to deliver effective care and support. From our discussions with staff and from looking at records, we found they received a range of appropriate training to give them the skills and knowledge they needed. Training provided was a mixture of face to face and distance learning.

All staff spoken with confirmed they received sufficient training that was useful and beneficial to their role. Records showed that staff completed an induction when they joined the service. They had received regular supervision and appraisals. However, the system for following up on refresher training needed to be improved. This was because we found staff had not updated their training in some areas that the provider had deemed mandatory for their role. We also discussed with the registered manager to ensure courses such as MCA/DoLS were included in the training that the provider deemed necessary for the role.

Staff employed at the service were not involved in meal preparation, however the service had provided them

with training in relation with food preparation. There was a policy on supporting people with their diet and nutrition should they require that support.

The policies and practices at the service supported people to live healthier lives, they had access to healthcare services and received ongoing healthcare support. Care records we looked at contained information about healthcare services that the person who used the service had access to. Staff had documented when the individual was supported to attend appointments to see health professionals. Documentation was updated to reflect the outcomes of professional health visits and appointments. This meant that people could be assured they would have access to health professionals if they needed them.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to vulnerability in the community, mental and physical health and medicines. Specific requirements for the individual had been identified. Assessments and associated documentation were personalised to the individual who used the service and they took part in the designing of their care.

Is the service caring?

Our findings

The service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. Feedback from the person supported and their relatives was positive. For example, comments included, "I have no concerns at all, they are respectful of [relative] and of our home when they visit" and "They are kind and caring, I couldn't find any nicer people."

Relatives of the person supported told us that staff had a sensitive and caring approach. There was a staff code of conduct which stressed the importance of respecting people's individuality and treating them as equals. There was a policy on equality and diversity which was in line with Equality Act 2010. This law legally protects people from discrimination in the work place and in wider society. However, we found staff had not completed training in equality and diversity. This would support in ensuring their practice remained consistent in respecting people's human rights.

The service empowered and enabled people to be independent. Records of care that we reviewed and conversation with the person, their relative and staff demonstrated the person supported was assisted to be as independent as possible, in accordance with their needs, abilities and preferences. For example, staff ensured that the person was fully independent with their personal care needs and provided background support to monitor their safety. Staff explained how they promoted independence, by enabling the person to do things for themselves.

People's privacy was respected and promoted. For example, staff told us they would knock on people's bedroom doors before entering. Staff also addressed people by their preferred names. Care records that we saw had been written in a respectful manner.

We saw people were supported to express their views on matters that were important to them. We saw there was information about access to advocacy services should people require their guidance and support. The registered provider had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services to act on their behalf if needed. There was a guide to the service, providing details of the services and support available. Included was information about the management and care team, complaints procedures and the aims and objectives of the service.

Is the service responsive?

Our findings

We received positive comments about the staff team and the care and support they provided. Comments received included, "They are responsive and supportive" and "They will take me out every Wednesday."

The person who used the service received personalised care that was responsive to their needs. The care file was written in a person-centred manner. It was comprehensive and included detailed information about person's risks, needs and how they should be met, as well as their likes and dislikes. Care documentation was reviewed regularly and updated when risks or needs changed. We noted that information was included about the person's religion, ethnic origin and gender. This meant that staff had an awareness of their diversity and what was important to them, which could help to ensure they were able to meet the person's needs.

The care records had been developed, with full contributions from the person supported and their family. Evidence we saw showed the person supported was significantly involved in the designing of their care. Staff took consideration of their specific needs and responded accordingly giving greater consideration to the person's strengths and ability to do things for themselves. Some of the training provided was specific to the person's identified needs and where needs had changed, the provider had ensured training tailored to the new needs was sought and provided.

Staff supported the individual to engage in activities within the local community and pursue their hobbies and interests. We spoke to the person supported and they informed us that they were supported to access their local community regularly. This meant that the person was supported to live as they wished, which helped to reduce social isolation and stigma.

The registered provider had considered the use of technology to deliver care. For example, there was a working telephony system and broadband at their offices. The registered manager also informed us that they had plans to introduce electronic care records. These would be accessible to staff through their mobile gadgets and will give them access to the most up to date information about people's care needs.

We checked whether the provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. There were communication care plans that detailed person's communication needs. We would expect the provider to establish a policy on the Accessible Information Standard to ensure consistency in their practices. We discussed requirements for Accessible Information Standards with the registered manager.

The service had a complaints' procedure that was made available to people. The procedure was clear in explaining how a complaint should be made and reassured people they would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. No complaints had been

received since the service was registered in January 2018.

Is the service well-led?

Our findings

There was a registered manager employed at Creative Support East Lancashire Personalised Services. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at how the registered manager demonstrated how they continuously learnt, improved, innovated and ensured sustainability in the service. There were up to date policies on the running of the service. The registered manager had established formal auditing systems to assess quality assurance and the maintenance of people's wellbeing. We saw that audits had been undertaken in various areas such as health and safety, care and training records. However, we noted there was no unannounced spot checks to monitor staff's competence during their home visits. Care records were brought back to the office regularly to allow the registered manager to audit them. Each audit was accompanied by an action plan which identified who was responsible for rectifying any shortfalls and the time scales. Any shortfalls identified had been acted on in a timely manner.

Feedback was sought from the person who used the service. There were quality assurance surveys carried out to seek people's views on the care provided. In addition, there were staff meetings. We saw the registered manager and the provider shared the challenges and expectations with staff during the staff meetings. Staff we spoke with told us they felt the registered manager worked with them and supported them to provide good quality care. For example, we only received positive comments from staff and the relative.

Staff we spoke with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager had worked at the service for a lengthy period of time and was familiar with the needs of the person they supported.

We looked at how staff worked as a team and how effective communication between staff members was maintained. We found there was good communication about the person's needs among staff and management. We found daily records were completed by staff and were used to share any changes in the person's needs.

The registered manager had forged good links with the local community. For example, they told us they were part of the home care providers forum and met regularly with the local authority to discuss contractual arrangements. The registered manager told us they were committed to improving the service. For example, they told us they had achieved 'Investors in People (IPP) accreditation'. IIP is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding. There had not been any incidents that needed to be notified to CQC since the service was registered. The service's CQC rating and the previous inspection report were also on display at the service, this was to inform people of the outcome of the last inspection.